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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	500.43223X00
First Inventor	IWATA, TADAYOSHI
Title	METHOD OF RECEIVING SIGNALS THROUGH SATELLITES
Express Mail Label No.	

APPLICATION ELEMENTS
SEE MPEP chapter 600 concerning utility patent application contents.ADDRESS TO:
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450U.S. PTO
22388 10/6/2003

- Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.
See 37 CFR 1.27.
- Specification [Total Pages: 53]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets: 13]
- Oath or Declaration [Total Sheets: _____]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
- Application Data Sheet. See 37 CFR 1.76

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
if applicable, all necessary
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS		
9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))		
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement	<input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>		
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449		<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment		
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>		
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
17. <input checked="" type="checkbox"/> Other: Eigs. 1-16, Credit Card Payment Form, Information Disclosure Sheet Under 37 CFR 1.56 w/refs., Claim For Priority Letter		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner: _____ Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	020457	<input type="checkbox"/> Correspondence address below
Name	ANTONELLI, TERRY, STOUT & KRAUS, LLP	
Address		
City	State	Zip Code
Country	Telephone	Fax
Name (Print/Type)	Registration No. (Attorney/Agent)	
Signature	Date	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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102003

16915 U.S. PTO
**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$ 942.00)

Complete if Known

Application Number	
Filing Date	October 20, 2003
First Named Inventor	IWATA, TADAYOSHI
Examiner Name	

Art Unit

500.43223X00

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other None Deposit Account:

Deposit Account Number	01-2135
Deposit Account Name	

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application. Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION (continued)****FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description
Code	Code	(\$)	Code	(\$)	
1001	2001	770	385	385	Utility filing fee
1002	2002	340	170	170	Design filing fee
1003	2003	530	265	265	Plant filing fee
1004	2004	770	385	385	Reissue filing fee
1005	2005	160	80	80	Provisional filing fee

Fee Paid

770.00

SUBTOTAL (1)

770.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims	-20** = 0	x 18 = 0
12		
Indep. 5	-3** = 2	x 86 = 172.00
Claims		
Multiple Dependent	290	= 0
Large Entity	Small Entity	
		Fee Description
Fee	Fee	
Code	Code	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
		SUBTOTAL (2) \$ 172.00

**or number previously paid, if greater; For Reissues, see above.

3. ADDITIONAL FEES**Large Entity****Small Entity****Fee****Fee****Code****Code****(\$)****(\$)****Fee Description****Fee****Fee****Code****Code****(\$)****(\$)****Fee Description****Fee**

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